DEPARTMENT OF HEALTH & HUMAN SERVICES



CENTERS FOR MEDICARE & MEDICAID SERVICES
Consortium For Quality Improvement and Survey & Certification Operations
Western Consortium – Division of Survey & Certification

IMPORTANT NOTICE – PLEASE READ CAREFULLY

July 28, 2010

Kathy Moore, CEO West Valley Medical Center 1717 Arlington Avenue Caldwell, ID 83605

CMS Certification Number: 13-0014

Re: Complaint Control # 4600 (EMTALA)

Dear Ms. Moore:

We are in receipt of West Valley Medical Center's plan of correction dated July 6, 2010. We have determined that West Valley Medical Center's allegation of compliance is credible based upon our review of the documentation provided; however we are requesting that the Idaho Bureau of Facility Standards(State Agency) conduct a revisit to ensure full implementation of the corrective actions. The proposed termination action from our June 30, 2010, letter is suspended pending the results of the revisit by the State Agency. We will notify you of our final decision once we have the results of the revisit.

If you have questions regarding this letter, please contact Kate Mitchell of my staff at (206) 615-2432 or Catherine.mitchell@cms.hhs.gov.

Sincerely,

Steven Chickering
Western Consortium Survey & Certification Officer
Division of Survey & Certification

Idaho Bureau of Facility Standards

cc:

DEPARTMENT OF HEALTH & HUMAN SERVICES



CENTERS FOR MEDICARE & MEDICAID SERVICES
Consortium For Quality Improvement and Survey & Certification Operations
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IMPORTANT NOTICE - PLEASE READ CAREFULLY

June 30, 2010

Kathy Moore, CEO West Valley Medical Center 1717 Arlington Street Caldwell, ID 83605

CMS Certification Number: 13-0014

Re: Complaint Control # 4600 (EMTALA)

Dear Ms. Moore:

To participate in the Medicare program, a hospital must meet the requirements established under title XVIII of the Social Security Act (the Act) and the regulations established by the Secretary of Health and Human Services under the authority contained in §1861 (e) of the Act. Further, §1866 (b) of the Act authorizes the Secretary to terminate the provider agreement of a hospital that fails to meet these provisions.

Your hospital was surveyed April 22-27, 2010, by the Idaho Bureau of Facility Standards (State Agency) based on an allegation of noncompliance with the requirements of 42 Code of Federal Regulations (CFR) § 489.24 Responsibilities of Medicare Participating Hospitals in Emergency Cases and /or the related requirements at 42 CFR § 489.20. After a careful review of the findings, we have determined that your hospital violated:

- The requirement at 42 CFR § 489.20(r)(3) based on failure to maintain a central log on each individual who "comes to the emergency department"; and
- The requirements of 42 CFR § 489.24(a) based on failure to provide an appropriate medical screening exam.

The deficiencies identified are listed on the enclosed form CMS-2567, Summary Statement of Deficiencies. Additionally, we have included QUALIS Health's (the Idaho Quality Improvement Organization) physician review of two of the medical records referenced in the CMS-2567.

The purpose of this letter is to notify you of these violations and advise you that under 42 CFR § 489.53, a hospital that violates the provisions of 42 CFR § 489.20 and/or 42 CFR § 489.24 is subject to termination of its provider agreement. Consequently, it is our intention to terminate West Valley Medical Center's participation in the Medicare program. The projected date on which the agreement will terminate is **September 28, 2010**.

You will receive a "Notice of Termination" letter no later than September 13, 2010. This final notice will be sent to you concurrently with notice to the public in accordance with regulations at 42 CFR § 489.53.

You may avoid termination action and notice to the public either by providing credible allegation or credible evidence of correction of the deficiencies, or by successfully proving that the deficiencies did not exist, prior to the projected public information date. In either case, the information must be furnished to this office so that there is time to verify the corrections. An acceptable plan of correction (POC) must contain the following elements:

- The plan of correcting each specific deficiency cited;
- The plan should address improving the processes that led to the deficiency cited;
- The plan must include the procedure for implementing the acceptable plan of correction for each deficiency cited;
- · A completion date for correction of each deficiency cited must be included;
- All plans of correction must demonstrate how the hospital has incorporated its improvement actions into its Quality Assessment and Performance Improvement (QAPI) program, addressing improvements in its systems in order to prevent the likelihood of the deficient practice reoccurring. The plan must include the monitoring and tracking procedures to ensure the plan of correction is effective and that specific deficiencies cited remain corrected and/or in compliance with the regulatory requirements; and
- The plan must include the title of the person responsible for implementing the acceptable plan of correction.

It is highly recommended that the <u>latest</u> completion date in the plan of correction be no later than **July 30, 2010**. Please submit the POC within 10 days receipt of this letter, to the State survey agency <u>and</u> to the following address:

CMS – Survey, Certification, and Enforcement Branch Attn: Kate Mitchell 2201 Sixth Avenue, RX-48 Seattle, WA 98121 Fax: (206) 615-2088

A credible <u>allegation</u> of correction by the hospital may require a resurvey to verify the corrections. However, when <u>evidence</u> of correction is provided by the hospital, this office must decide whether the evidence of correction is sufficient to halt the termination action. If the evidence is not sufficient in itself to establish that the hospital is in compliance, a resurvey is required for verification of correction.

If we verify your corrective action, or determine that you successfully refuted the findings contained in this letter by proving that allegations were in error, your termination from the Medicare program will be rescinded.

Page 3 - Ms. Moore

If you have any questions concerning this preliminary determination letter, please contact Kate Mitchell of my staff at (206) 615-2432.

Sincerely,

Steven Chickering Western Consortium Survey and Certification Officer Division of Survey and Certification

Enclosure

cc: Idaho Bureau of Facility Standards

Office of Civil Rights (OCR)

Complainant



July 6, 2010

Kate Mitchell CMS – Survey, Certification, and Enforcement Branch 2201 Sixth Avenue, RX-48 Seattle, WA 98121

RE: West Valley Medical Center, CMS Certification Number: 13-0014

Complaint Control #4600 (EMTALA)

Dear Ms. Mitchell:

Per your letter dated June 30, 2010, pursuant to the Complaint Control #4600 (EMTALA), please find enclosed the completed Statement of Deficiencies/Plan of Correction, CMS Form 2567.

If you have any questions, please contact me at (208) 455-3718.

Sincerely,

Kathy D. Moore,

Chief Executive Officer

cc: Idaho Bureau of Facility Standards

RECEIVED

JUL 07 2010

FACILITY STANDARDS

PRINTED: 06/30/2010 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY .		
,	337772377377	is a management of the state of	A. BUILDING				
		130014	B. WING			C 04/27/2010	
NAME OF PE	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
WEST VA	LLEY MEDICAL CEN	NTER			717 ARLINGTON STREET		
				С	CALDWELL, ID 83605		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
A 000	INITIAL COMMEN	TS	Α (000			
	EMTALA investigat report was reviewed	encies were cited during the ion of your hospital. The d and revised by Kate Mitchell, veyors conducting the		:	· · · · · · · · · · · · · · · · · · ·		
	Gary Guiles, RN, H Gary Banister, RN,						
ļ	Acronyms used in t				RECEIV	ED	
	CFR = Code of Fed c/o = complained or						
		Medicare and Medicaid		i	JUL 0 7 201	Û	
	Services	i :		!			
	dc = discharge				FACILITY STAND	ADDO	
	Dr. = doctor efm = electronic fet	al monitor			TAOILIT STAND	ANDS	:
		ency Medical Treatment and					
	Labor Act						
	L&D = Labor and D			i			
		eening Examination			3 5.		
,	pt = patient	NCE WITH 489.24	۸2/	400	Event involving a pregnant patie	mt	0.7/2.0/7.0
A2400	409.20(1) CONFLIP	NICE VIIII 469,24	M22	+00	being sent to another hospital wi		07/30/10
:	[The provider agree	es,] in the case of a hospital as			medical screening examination (
!	defined in §489.24(b), to comply with §489.24.		!	was identified and Administration		
	THE OTANDADD	:			notified on 04/10/2010. West V	•	
:		s not met as evidenced by:			Medical Center self reported on		
1		and review of medical records			04/12/2010. A team was gather		
	and hospital policies, it was determined the hospital failed to ensure emergency services were provided in compliance with 42 CFR Part			:	perform a Root Cause Analysis		
					04/12/2010 and a follow up mee occurred on 04/23/2010. Cheri	ung	
		ted in the lack of a MSE, or the			Samuels, Director of Quality an	d Risk	
		ate MSE, for 3 of 16 (#1, #27,			led the RCA. Please see Attach		
	and #28) pregnant	patients whose records were			RCA – Chronology of Events an		
	reviewed. Findings	s include:			Action Plan.		
					<u> </u>		
LABORATORY	DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIGNA	TURE		TITLE	KDM	(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-99) Previous Versions Obsolete

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Event ID: IDWX11

Facility ID: IDOOK8

PRINTED: 06/30/2010 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 130014		i v	A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED C 04/27/2010	
		130014	B. WING _			
NAME OF PROVIDER OR SUPPLIER WEST VALLEY MEDICAL CENTER			1	REET ADDRESS, CITY, STATE, ZIP CODE 717 ARLINGTON STREET CALDWELL, ID 83605		
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A2400	Continued From pa	age 1	A2400			
		it relates to the failure of the appropriate medical screening is egnant patients.				
A2405		GENCY ROOM LOG	A2405	updated and ongoing. Auditing	4/10/10	
	defined in §489.24, transferring and re-	he provider agrees,] in the case of a hospital as efined in §489.24(b) (including both the ansferring and receiving hospitals), to maintain a		process for accuracy is in progres Attachment A2405-1	Ongoing	
	emergency departr seeking assistance refused treatment, whether he or she	mindividual who comes to the ment, as defined in §489.24(b), and whether he or she was refused treatment, or was transferred, admitted and and transferred, or discharged.		PAS staff education for EMTALA Healthstream completed by PAS. Included staff meeting minutes, e memos and roster for Healthstrea education as well as listing of PA Staff.	:-mail .m	
		isions of this regulation apply to articipate in Medicare and y services.		Sullivan Group education in prog Attachment A2405-2	gress. 7/30/10	
	Based on a centra patient interview, it	is not met as evidenced by: I log review and staff and t was determined the hospital medical information for 1 of 1		Case scenarios involving EMTAl issues for continuing education a meetings been provided by hospi	t staff tal	
	patient (Patient # 2 the hospital without resulted in the inal	28), who was turned away from at being examined. This collity of the hospital to track all to the emergency department.		counsel. Scenarios to be presented directors at unit meetings for discussion/education. Included a electronic memos from counsel a scenarios. Attachment A2405-5	ure	
	AM. She stated stand without being another hospital hospital Patient #28 was a weeks pregnant, complained of laborations department.	therviewed on 4/28/10 at 10:20 the went to the hospital's ment the evening of 4/09/10, examined, told to go on to On 4/22/10 at 1:17 PM, the was interviewed. She stated 28-year-old female who was 30. She stated Patient #28 or pains. The registrar stated int #28's information into the		PAS Policy written/revised to adprocess of registering obstetric patients. Includes process flows which is placed at all registration stations. Attachment A2405-3	sheet Revised	

FORM CMS-2567(02-99) Previous Versions Obsolete

Facility ID: IDOOK8

STATEMENT OF DEFICIENCIES (X: AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C 04/27/2010	
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NAME OF PROVIDER OR SUPPLIER WEST VALLEY MEDICAL CENTER			17	EET ADDRESS, CITY, STATE, ZIP CODE 717 ARLINGTON STREET ALDWELL, ID 83605		
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	told by a nurse to g stated she then de from the hospital of The hospital's centreviewed on the minclude the Patient The Director of Quay was interviewed or confirmed Patient deleted from the confirmed f	og. She said Patient #28 was go to another hospital. She leted Patient #28's information central log. tral log for April 2010 was orning of 4/22/10. It did not #28's information. rality and Risk Management in 4/22/10 at 9:20 AM. She #28's information had been	A2405	EMTALA form revised to include 5/1/10 regulations; includes Infor Refusal Form. Attachment A2405-4		
A2406	Applicability of pro (1) In the case of a emergency depart or not eligible for A regardless of ability emergency depart (b) of this section, an appropriate me within the capability department, include available to the endetermine whether conducted by an inqualified by hospit regulations and will §482.55 of this chaservices personned.	visions of this section. a hospital that has an ment, if an individual (whether Medicare benefits and by to pay) "comes to the ment", as defined in paragraph the hospital must (i) provide edical screening examination by of the hospital's emergency ding ancillary services routinely the providual of the examination must be required to an examination must be required to all bylaws or rules and the meets the requirements of apter concerning emergency and direction; and	A2406	4/10 new Triage of Obstetrics powritten by Tammy Ray WU direct Attachment A2401 - 1 Approved: 6/2/10 see Maternal (Health (MCH) minutes, Attachmed A2406-2 Approval of policy notified to sta 6/2/2010 see attached memo. Attachment A2406-3 All staff educated on what forms out and print for each outpatient See attached memo of 5/10/2016/3/2010. Attachment A2406-4 See copy of all required forms for patient. Attachment A2406-5	ctor. Child ent aff on to fill 06/03/10 0 and	

PRINTED: 06/30/2010 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
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A2406	stabilizing treatment of this section, or a defined in paragra hospital admits the	age 3 t, provide any necessary nt, as defined in paragraph (d) an appropriate transfer as ph (e) of this section. If the e individual as an inpatient for the hospital's obligation under	A2406	Physicians informed of need to se any patient ruled out for labor but other complaint, or need to send t ER. See MCH minutes of 6/2/2010. R Attachment A2406-2, page 4.	with o	
	this section ends, of this section. (2) Nonapplicability Sanctions under the transfer during a number direction or relocated.	y of provisions of this section. nis section for inappropriate ational emergency or for the tion of an individual to receive at an alternate location do not		Education in-service on EMTAL regulation done on 5/20/2010 by Emilee Miles, RN for Women's See attached meeting minutes, significant sheet and PowerPoint. Attachmen A2406-6.	y Unit. gn in	
	apply to a hospital department locate specified in section waiver of these sa	with a dedicated emergency d in an emergency area, as n 1135(g)(1) of the Act. A nctions is limited to a 72-hour upon the implementation of a	1	EMTALA training through Sulliv group web service. Attachment A2406-7 for complet list of personnel.		
	hospital disaster p health emergency disease (such as p will continue in eff applicable declara	protocol, except that, if a public involves a pandemic infectious pandemic influenza), the waiver ect until the termination of the tion of a public health poided for by section 1135(e)(1)		All nurses performing Medical Screening Exam must have competency signed by physician yearly. See attached copy of competency form. Attached list of all RNs. Attachm	•	
	Nonemergency Self an individual coremergency departhis or her behalf for a medical condition makes it clear that an emergency natto perform such seappropriate for an manner, to determine the seappropriate for an manner of t	ted Emergency Department for ervices mes to a hospital's dedicated tement and a request is made on or examination or treatment for in, but the nature of the request the medical condition is not of ture, the hospital is required only creening as would be y individual presenting in that nine that the individual does not cy medical condition.		A2406-8.		

FORM CMS-2567(02-99) Previous Versions Obsolete

Facility ID: IDOOK8

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	Based on staff and medical records an determined the hos appropriate medical provided to 3 of 16 patients whose records an emergency medical Findings include: 1. Patient #28 was 10:20 AM. She staff	s not met as evidenced by: patient interview and review of d hospital policies, it was pital failed to ensure I screening examinations were (#1, #27, and #28) pregnant ords were reviewed. This illity of the hospital to ensure lical condition did not exist.	A2-	406	EMTALA education through Healthstream. Hospital Corporation of America (HCA) regulatory library recommendation is: upon hire and periodically. Attachment A2406-9 West Valley Medical Center completes EMTALA training eve two years. 2010 list of completed employees attached. No employe past due on this training. Attachm A2406-10.	e is ent	On Going
	Center late on the content was 30 weeks stated she told the contractions for 1.5 monitored. She stated by the Emergency De	ment at West Valley Medical evening of 4/09/10. She said pregnant at the time. She Registrar she had been having hours and needed to be ated the Registrar called the ted a nurse from that unit he telephone while she sat in partment. She said the nurse all did not accept patients who			on volume of 100) to be audited monthly by Tammy Ray, Women Unit Director. Implemented 6/1/2 Goal of 1 quarter at 100% then periodic review for maintenance. Attachment A2406-11.	's 2010.	Progress On Going
	were less than 35 v nurse told her she hospital (which was away.) She stated physician told her to Center if she was her #28 stated the nurse Patient #28 still had other hospital wher treated.	weeks pregnant. She said the would have to go to another is approximately 29 miles she told the nurse her to go to West Valley Medical paving contractions. Patient is esaid she was sorry but if to go to the other hospital, she then left and went to the re she was examined and cal record from the receiving ed a 28 year old female who ospital at 12:02 AM on			Audit for accuracy sign in book of unit to central log for OB patients		On Going

STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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	4/10/10 at 12:25 A contractions begar were 5-7 minutes a membranes were was monitored and 4/10/10, when she stated her contract. Staff E was interviewed by the was an RN or got a call from the 4/09/10. Staff E sign Patient #28 was hare place the patient in told the Registrant patient and should stated she talked of #28 and recommen hospital. Staff E signing to the other called the other hospital. Staff E signing to the other called the other hospital was contracted to the patient was contracted by the patient	Triage Flowsheet," dated M, stated Patient #28's at 9:00 PM on 4/9/10 and apart. The record stated her intact. The record stated she ditreated until 2:05 AM on was discharged. The record stons had stopped by then. Ewed on 4/22/10 at 9:40 AM. The L&D Unit. She stated she Registrar at about 11:30 PM on stated the Registrar told her aving contractions and asked to a a room. Staff E stated she she patient was a high risk go to another hospital. Staff E on the telephone with Patient inded the patient #28 was "OK" with hospital. Staff E stated she ispital approximately 10 ent #28 had left and told them ming. Officer was interviewed on M. She stated a medical record erated for Patient #28. to provide Patient #28 with a examination to determine if an all condition existed. dical record documented a 19 no presented to the emergency 12/10 at 7:52 PM. The face cal record indicated she was	A2	406	See Page 3, 4, and 5		
	sheet of her medic approximately 29		,				

PRINTED: 06/30/2010 FORM APPROVED OMB NO. 0938-0391

<u> </u>	(C / C / (/ L D / C / I / L	WINEDIONID OCHANOLO						
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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		8. WII	۱G	~	04/27/2010			
	ROVIDER OR SUPPLIER ALLEY MEDICAL CEI	NTER		1717	T ADDRESS, CITY, STATE, ZIP CODE 7 ARLINGTON STREET LDWELL, ID 83605			
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	dated 4/02/10 at 8: complained of pelv stated Patient #1 d of a urinary tract in specimen was obta was not document the urine specimer laboratory test wer record. The nursir PM, stated "Dr. (na given on pt's c/o sl gestation, efm trace discharge pt to hor Patient #1 was dis assessment of Par a pain scale or wh contractions, was did not document decreased prior to flowsheet stated th to discharge Patie documented. Staff A, the RN wh 4/02/10, was inten She reviewed the an order to discha documented. She Patient #1's pain a resolved prior to d Staff B, the physic	on the "LD-Flowsheet" was 00 PM. It stated Patient #1 ic cramping. The flowsheet id not have signs or symptoms fection but stated a urine lained. An order for a urine test ed. The note did not state why have obtained and results of e not included on the medicaling note on the flowsheet at 8:20 imme) in department. Report marp pain to pelvic area, sing. Orders received to me." The flowsheet stated charged at 8:40 PM. An itient #1's pain, e.g. number on ether it was related to not documented. The record if the pain had resolved or discharge. Even though the me physician had given an order on the properties of the pain had resolved or discharge. Even though the me physician had given an order of the pain ha		406				
	medical record, w. 10:15 AM. He stated patient. He stated at the time but did	as interviewed on 4/23/10 at ted he did not remember the line may have been on the floor not see Patient #1 and said he gave an order to discharge the		:				

Event ID: IDWX11

	ocivities i over measurement of the over the ocivities		_	_				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			1,	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
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	130014		B. WIN	•G		04/	04/27/2010	
NAME OF P	ROVIDER OR SUPPLIER			STREE	ET ADDRESS, CITY, STATE, ZIP CODE			
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WESTVA	LLEY MEDICAL CE	NIEK		CA	LDWELL, ID 83605			
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A2406	Continued From pa	age 7	A2	406	See Page 3, 4, and 5			
	In accordance with	the statutorial mandated						
		ent Organization review, the						
		on 06/08/2010, determined						
		d not provide an MSE that was						
		individual's medical						
		ymptoms. The hospital failed						
;		#1 with a medical screening						
	examination to rule out the existence of an							
	emergency medica							
	3 Patient #27's me	edical record documented a 19		i				
		no presented to the emergency						
		1/10 at 5:19 PM. The face						
		eason for the visit was "34					i	
		NT BACK PAIN." The nursing		,			:	
		owsheet," dated 3/31/10 at 5:25						
		sents with right sided back pain,		:				
		has been cleaning all day and		į				
		pt reports that she feels fetal		i			1	
	movement, [negat	ive] for bleeding." At 5:28 PM,		į				
		nted "clean cath dipped,		!			:	
		dr. [name] notified, pt to dc to						
		nursing note on the flowsheet		i			1	
		at 6:05 PM. It stated Patient		:				
		g contractions. A discharge		į				
		mented. Patient #27's		:				
		int was back pain. The !! I not include documentation of ::		;				
		her back pain. No medical		:				
		nented. No documentation was		1				
		nt #27 stated she was having						
L		ought she was in labor. An						
		Patient #27 was not						
	documented.							
	Staff D, the RN wh	no treated Patient #27, was						
	interviewed on 4/2	3/10 at 3:45 PM. She stated						
		rought to the L&D floor because						

CENTER	RS FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES				FORM	: 06/30/2010 APPROVED : 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			IULTIPI ILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		130014	B. WI	NG		1	C 27/2010
	ROVIDER OR SUPPLIER	ITER		17	EET ADDRESS, CITY, STATE, ZIP CODE 17 ARLINGTON STREET ALDWELL, ID 83605		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(XS) COMPLETION DATE
A2406	Continued From pa	•	A2	406	See Page 3, 4, and 5		
	Patient #27's back pregnancy. She sta #27's pregnancy but	She stated she did not think pain was related to her atted she assessed Patient it did not assess her back an order to discharge t documented.		:			·
	Quality Improveme physician reviewer that the hospital did appropriate to the incomplaint(s) and systo provide Patient #	the statutorial mandated nt Organization review, the on 06/08/2010, determined I not provide an MSE that was individual's medical mptoms. The hospital failed 27 with a medical screening presenting complaint of back					
	OBSTETRICAL PA the medical screen "Nurses with advan protocols that outlin diagnostic work up emergency medica further stated "Physical patient to be discharperiod." As noted a	ICAL SCREENING OF THE TIENT, revised 7/04, stated ing could be carried out by ce training following screening the examination and/or required to determine if an I condition exists." The policy sician's order required for arged or observed for a longer above, the medical records did an orders to discharge Patient					
	 screening examina an emergency med 	t provide patients with medical itions necessary to determine if lical condition existed, nor did related to such examinations.		:			
				:			